



Patrick Petre
Hospital Director

Mission Statement

Arrowhead Regional Medical Center provides quality health care to the community.



GOALS

*INCREASE SELECTED
MEDICAL CENTER
VOLUMES*

*ENHANCE
REIMBURSEMENT AND
OTHER REVENUE
STREAMS*

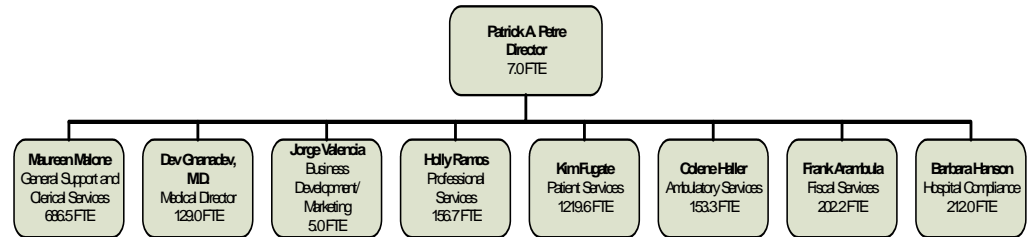
*DEVELOP INTEGRATED
COUNTYWIDE
COMMUNITY CLINICAL
SERVICES*

*DEVELOP/IMPLEMENT
SOUND COST
CONTAINMENT
STRATEGIES*

*ENSURE A QUALITY
FOCUS IN THE
PROVISION OF PATIENT
CARE SERVICES*

ARROWHEAD REGIONAL MEDICAL CENTER

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

Arrowhead Regional Medical Center (ARMC) is a state of the art, acute care facility embracing advanced technology in all patient care and support areas. The Medical Center offers the latest in patient care by providing a full range of acute and psychiatric inpatient and outpatient services. It also offers primary care services at three off campus community health centers. Freeway access, shuttle service and locale as an Omnitrans bus hub makes ARMC convenient to county residents.

The campus houses five buildings which also serve to outline the definitive services/medical center functions: Behavioral Health, Hospital, Outpatient Care Center, Diagnostic & Treatment and the Central Plant. This year, nine temporary modular buildings were added to the Northwest corner of the campus and named "The ARMC Village". The Village provides temporary housing to the departments and accompanying staff displaced during the current hospital expansion project. This project started in early 2008 when we began the process of demolishing the sixth floor in order to renovate it for an additional 83 medical/surgical beds. These beds will be separated into three distinct units that will become operational on a phase-in schedule beginning approximately October 2009. This expansion will bring total bed capacity to 456.

The hospital and behavioral health facilities are currently comprised of 373 (90 behavioral health and 283 hospital) inpatient rooms, most of which are private. The Emergency Department is a Level II Trauma Center and consists of 16 observation rooms, 17 treatment rooms, 3 law enforcement holding rooms and 8 trauma rooms. The unit also includes an 8 bay Rapid Medical Emergent Treatment area to expedite treatment and improve throughput. The helicopter landing area can accommodate both standard medi-vac helicopters and military helicopters. The outpatient care center consists of 109 examination rooms and 8 procedure rooms.

ARMC remains one of the most technologically advanced health care institutions in the entire country. It is also seismically sound, capable of withstanding an 8.3 magnitude earthquake, and is designed to remain self sufficient and functional for a minimum of 72 hours.

Inpatient Care: Inpatient services provide curative, preventive, restorative and supportive care for general and specialty units within the General Acute Care Hospital, and Behavioral Health Hospital. Care is coordinated among multiple care providers responsible for patient care twenty-four hours a day. The clinical staff serves as the primary interface with patients, families, and others throughout the hospital experience. Education is a primary focus. ARMC offers numerous Residency Programs, both Traditional and Transitional, for the training of physicians in Family Practice, Emergency Medicine, Surgery, Neurosurgery, Women's Health, Internal Medicine, Geriatric and Psychiatry.

Inpatient Service lines include The Edward G. Hirshman Burn Center at ARMC, Medical Intensive Care (MICU), Neonatal Intensive Care (NICU), Maternal Child Services, Newborn Nursery, Operative Services, Pediatrics, Medical Surgical, Dialysis, Cancer Care, Transplant (kidney), Wound Care, and Behavioral Health.

Outpatient Care: Outpatient care is an integral part of our multifaceted health care delivery system offering a wide range of emergency, primary, preventive, chronic, follow-up and specialty care services in an ambulatory care setting. Visits have exceeded 250,000 annually, excluding the Emergency Department volume. Outpatient Service lines include Emergency Medicine, Psychiatric Emergency Services, and Primary care in one of the three outlying Family Health Centers (FHC's) located in Fontana and San Bernardino. Our Specialty Clinics include Infusion Therapy, Internal Medicine, Surgery, ENT/Audiology/Dental/Oral Surgery, Ophthalmology, Orthopedic, Pediatric, Family Elder & Geriatric Care, Rehabilitation, and a Women's Health Center.

Ancillary/Support & Specialized Services: Complex health care systems are comprised of numerous ancillary and support departments that offer specialized diagnostic, treatment, rehabilitation and continuum of care services to both the inpatient and outpatient programs of the Medical Center. Those services include Medical Imaging (Radiology), Neurodiagnostics, Clinical Laboratory, Pharmacy, Rehabilitation, Respiratory Care, Home Health, Health Information Library, Wound Care and Hyperbaric Medicine, Laser Tattoo Clinic, Breathmobile, Cardiac Diagnostic Rehabilitation and Interventions, Behavioral Health, GI Lab, Pain Clinic, Coumadin Clinic, Social Services, Case Management, Nutritional and Volunteer/Chaplaincy Services.

2008-09 SUMMARY OF BUDGET UNITS

	Operating Exp/ Appropriation	Revenue	Fund Balance	Revenue Over/ (Under) Exp	Staffing
Enterprise Fund					
Arrowhead Regional Medical Center	371,327,218	368,673,065		(2,654,153)	2,771.3
Total Enterprise Fund	371,327,218	368,673,065		(2,654,153)	2,771.3
Special Revenue Funds					
Archstone Foundation Grant	5,534	1,000	4,534		-
Tobacco Tax Funds	2,507,991	2,202,553	305,438		-
Total Special Revenue Funds	2,513,525	2,203,553	309,972	-	-
Total - All Funds	373,840,743	370,876,618	309,972	(2,654,153)	2,771.3

2007-08 ACCOMPLISHMENTS

- ❖ California Emergency Physicians (CEP) America Emergency Department of the Year Award
- ❖ National Association of Counties (NACo) Achievement Award – Rapid Assessment Team (RAT)
- ❖ Dr. Dev Gnanadev – California State University, San Bernardino Distinguished Executive Officer
- ❖ Molina Community Champion Awards – Dr. Rodney Borger, ARMC Family Health Centers (FHC's)
- ❖ Dr. Guillermo Valenzuela – San Bernardino County (SBCo) Medical Society President
- ❖ Dr. Rodney Borger – SBCo Medical Society President-Elect
- ❖ **Successful Programs**
 - 6th Annual Health and Safety Fair
 - 2nd Annual Walk-Run Fitness Event
 - 10th Annual Foundation Golf Fundraiser
 - Annual Breastfeeding Fair Hospital Accreditation - American Osteopathic Association (AOA)
 - Respiratory Therapy Blood Gas Lab - (AOA)
 - Residency Program Accreditation – (AOA)
 - American College of Graduate Medical Education (ACGME) Accreditation
- ❖ **Grant Awards**
 - Asthma & Allergy Foundation of America (AAFA)- Breathmobile
 - California HealthCare Foundation (CHCF) Chronic Disease Registry Information Technology (IT) Challenge
 - Perinatal Services Network (PSN) – Baby Friendly Status
 - Verizon Information (IT)
 - California HealthCare Foundation (CHCF) Palliative Care
- ❖ **Appointments**
 - Dr. Rodney Borger – California Department of Public Health Advisory Committee
 - Dr. Joe Corless – California Health Policy & Advisory Commission

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: INCREASE SELECTED MEDICAL CENTER VOLUMES.

Objective A: Increase Inpatient bed capacity by a minimum of 24 telemetry beds upon completion of the sixth floor conversion; and with addition of Lap-Band Procedures and Open Heart Surgeries in new Open Heart & STEMI(ST Elevation Myocardial Infarction) Center, an increase of 7.9% in total patient days over 2008-09 target.

Objective B: Initiate Radiation Therapy through the Linear Accelerator Services, with an estimated 2,500 treatments for 2009-10.

Objective C: Implementation of Mobile Medical Clinic, with an estimated 8,640 encounters for 2009-10.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
1A. Percentage change of inpatient bed days thru: - 24 additional beds, 7,884 inpatient days - Lap-Band surgeries, 150 inpatient days - Open Heart surgeries, 600 inpatient days	115,773	(9.2%) 106,276 (of 2006-07 Actual)	3.0% 109,464 (of 2007-08 Actual)	2.8% 109,252 (of 2007-08 Actual)	7.9% 118,098 (of 2008-09 Target)
1B. Implement Radiation Oncology treatments on-site.	N/A	N/A	N/A	N/A	2,500 treatments
1C. Implement Mobile Medical Clinic.	NA/	N/A	New	2,880 Patient encounters	8,640 Patient encounters

Status

1A. ARMC forecasts a 7.9% volume increase in 2009-10 as compared to the 2008-09 targeted volumes of 109,464 bed days. The targeted 7.9% volume growth in bed days is based on the following assumptions:

1. The 6th floor conversion project will be completed and licensed by October 31, 2009.
2. A new 24-bed unit will be fully operational by October 31, 2009.
3. The 24-bed unit has a 90% occupancy rate with an average daily census (ADC) of 21.6 patients per day.
4. The target 4.9% growth represents an additional estimated 5164 bed days from November 2009 to June 2010.
5. ARMC emergency department visits continue to increase between five to eight percent per year. With nearly 80% of all inpatient admissions originating in the emergency department, the demand for hospital beds grows with the increased emergency department volume.
6. San Bernardino County population growth between 2010 and 2015 is expected to increase by 10.6%. This increase will bring the population count from the estimated 2,182,049 in 2010 to 2,385,748 by 2015, according to statistics released by the Southern California of Governments agency.

ARMC is licensed as a 373-beds acute care hospital that provides inpatient care for adults and children requiring hospitalization. Of the 373 licensed beds, 273 are licensed as acute care beds while 90 of the 373 beds are licensed as acute inpatient psychiatric beds. Although the inpatient psychiatric service has capacity for 90 beds, ARMC is staffed to manage 54 beds at the present time. Plans are currently in progress to expand bed utilization to 60 by February 1, 2009.

To address the issue of growing demands and capacity, ARMC sixth floor expansion project to add 83 acute care beds was commenced in December 2007. Given the progress made to date and barring any unforeseen delays, ARMC fully expects the three inpatient care units will be operational by November 2009. The completion of the Expansion project will increase ARMC bed capacity from 373 to 456 total licensed beds. ARMC plans to phase in the opening of the three patient care units by opening one of the three units by November 2009, thus increasing bed capacity by 24 telemetry beds. The other two care units, totaling 59 beds, will be opened based on sustained demand for hospital beds. ARMC projects the additional 24 beds will result in an increase of 7.9% bed day growth over 2008-09 target bed days. The projected 7.9% growth in patient days is an estimation based on

occupancy rates between 90% to 100% and an ADC of 21.6 patients. A 7.9% growth will result in an additional 7,884 billable days in a fiscal year.

ARMC plans to add Bariatric Surgery in 2009-10. The General Surgery Section of the Department of Surgery has the qualified surgeons to do the Lap Band procedure. The demand for this type of surgery has increased consistently over the course of the last few years.

ARMC's plan to develop a Cardiac Surgery Program will enhance care for County residents and allow ARMC to move toward a Level 1 Trauma Center designation. Currently, ARMC transports patients to other area hospitals when they require open heart surgery and the Medical Center covers the costs for those patients without surgery. This annual cost is approx \$2,000,000.00. A full scope cardiac surgery program will eliminate these costs, and allow these funds to be diverted into the necessary services to complement a Level 1 Trauma Service, and to have a STEMI Center. Program implementation is scheduled for the first quarter of 2009-10. An agreement is currently in place with a cardiac anesthesia group, and the next step is to complete an agreement with a cardiac-thoracic surgeon. In addition, ARMC will need to purchase specific equipment that is required to support a program of this type as well as do specific training for our operating room staff, and SICU staff. In August of 2006, ARMC received Level II trauma center certification from the American College of Surgeons (ACS). ARMC's Trauma Center is the only such designated center in Riverside and San Bernardino counties. ARMC expects that this new Cardiac Service will also significantly upgrade corresponding cardiac services in the Medical Center.

- 1B. ARMC provides medical care to low and moderate income citizens of San Bernardino County. More than 200 patients a year suffer from cancer and require radiation treatment and/or radiosurgery. Due to the absence of this radiation therapy equipment, cancer patients are presently referred to private facilities in San Bernardino and Apple Valley. In 2007-08 ARMC paid \$418,040 to an outside Oncology group to treat our Radiation Oncology patients, totaling 2,748 exams.

ARMC oncologists and radiologists believe they can improve the rate of successful treatment among their cancer patients by providing Radiation Oncology on-site at ARMC. The implementation of on-site Radiation Therapy, in the form of Intensity Modulated Radiotherapy Treatments (IMRT), will improve the continuity of care and outcomes for our Oncology patients. Based on current data, estimated revenue for 2009-10, based on an average price per patient of \$7,700, would generate approximately \$1,735,500 in revenue and eliminate the current \$418,040 in cost paid out for our Medically Indigent Adult population and self-pay patients.

- 1C. The Mobile Medical Clinic is being implemented to provide new access points to basic health screenings/primary care and health education services throughout San Bernardino County. The mobile unit, which was purchased by the ARMC Foundation and gifted to the Medical Center, will enable hospital personnel to reach deeper into remote areas of the county with limited access to medical services. San Bernardino County, ARMC's catchment area, is the largest geographic county in the United States. Services will be provided onboard by a Licensed Health Care Provider along with support staff including a health education specialist/registered dietitian and licensed vocational nurse. A medical director will provide oversight of the program. The unit will also be staffed with an eligibility worker/clinical assistant and security technician/driver. ARMC plans to begin mobile medical services in March 2009.

GOAL 2: ENHANCE REIMBURSEMENT AND OTHER REVENUE STREAMS.

Objective A: Cash collections to be 100% of Net Patient Revenue recognized in the most prior sixty days.

Objective B: Pursue grants revenue as an additional funding source for ARMC, with budgeted revenues of at least \$1,000,000 during each budget cycle.

Status

- 2A. The goal for cash collection will continue to be targeted at 100% of estimated patient collections recognized in the most prior sixty days. Estimating cash collections is vital to providing funds for operations and capital that ARMC will need. A systematic method for establishing a cash goal will use patient care revenue generated in the previous sixty days. This measurement will give the patient accounting department a goal each month to target. This will be achieved through the following actions:

- The Discharged Not Final Billed (DNFB) goal will be targeted at 7.5 days. DNFB accounts are patient accounts pending release for billing. These accounts usually lack clinical documentation for coding by Health Information staff. It is the goal of ARMC to have no more than 7.5 days in DNFB status. As we improve revenue cycle processes, the goal will go lower.
- Net Accounts Receivable Days goal will be targeted at 52.0. Net Accounts Receivable days are one of the key indicators for monitoring patient accounts collections.
- Average Medicare Length of Stay goal will be targeted at 5.0. Oversight of the Medicare patient length of stay is critical due to the payment per discharge methodology employed by the Centers for Medicare and Medicaid (CMS). The case management department works with various medical providers and clinical disciplines to provide efficient, high quality care at the appropriate time.

2B. The Grant Team is comprised of Compliance Department staff and the Director of The ARMC Foundation. Grants are actively pursued and applied for with federal, state and private entities in a coordinated fashion. The primary searches are currently focused on support for the Mobile Medical Clinic, Breathmobile, EMR (Electronic Medical Record); IT (Information Technology) Infrastructure, and other operational areas as identified.

GOAL 3: DEVELOP INTEGRATED COUNTYWIDE COMMUNITY CLINICAL SERVICES.

Objective A: Develop unique strategic plans for integrating countywide, community clinical services offered by Public Health, Arrowhead Regional Medical Center, and the Department of Behavioral Health into single, full scope area diagnostic and treatment centers.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
3A. Produce individual plans detailing patient demographics, site locations, systems integration, fiscal requirements and program design for two of the proposed integrated service models in the eleven identified catchment areas throughout the county.	N/A	N/A	New	75% complete July 2009	Complete January 2010

Status

3A. The Department of Public Health, Arrowhead Regional Medical Center, and the Department of Behavioral Health are in collaboration to integrate health services throughout the County by aligning clinical access to customer oriented comprehensive coordinated healthcare services. This clinical model would eliminate duplication of service provision and optimize resource effectiveness in the overall delivery of outpatient care. Recognition of patient needs for varying services would be immediate and result in a "warm hand off" to a qualified healthcare provider. Additionally, it allows common areas and support staff to be shared by all departments.

Eleven catchment areas have been defined and prioritized. The initial pilot for integrating services on a defined scale has occurred at Holt Clinic in Ontario where Behavioral Health staff were embedded into Public Health services and eligibility workers were strategically placed in Maternal/Child Health. The first complete prototype of full scope service is designed to integrate primary care from Westside Family Health Center, Maternal Health, Reproductive Health and the Women & Infant Care (WIC) Programs from Public Health and Individual/Group Counseling and "Club House" services from Behavioral Health. Incorporation of Specialty pediatrics, laboratory, pharmaceutical and radiology services would be incorporated to offer a complete outpatient diagnostic and treatment center.

Patient demographics have been identified, the physical sites (locations) are being reviewed, proposed program design is being drafted and clinic service adjacencies within the integrated model have been outlined. A key to the success of the integration process is integrated systems. Over the next year the integration team will continue to use the current clinic structure to test ideas relating to new systems. The team will test new technologies to determine which ones are more appropriate to accommodate the proposed methodology. This will allow the departments to outfit the inaugural integrated Clinic with vetted, mature technologies.

The team will continue to investigate the marketplace for the appropriate software and systems integration services that might be candidates for our integrated model. Due to the maturity of the marketplace for systems targeted to integrated clinics, it is anticipated that the development of in-house systems will play a crucial role in the success of the integrated clinic services model.

San Bernardino County is a pioneer in this concept of operations. The three health services within the county conduct integration committee meetings monthly to identify, develop, assign responsibility, and report on critical components of this work in progress. Much of the research has been completed. Specific implementation plans with target dates and fiscal projections of operational costs and one-time and on-going funding requirements for the full scale service model are anticipated to be complete by midyear of 2009-10. Strategic planning and implementation of integrated services will be on-going and will incorporate process change from lessons learned, fluctuating demographics and area dynamics throughout the eleven catchment areas within the County.

GOAL 4: DEVELOP/IMPLEMENT SOUND COST CONTAINMENT STRATEGIES.

Objective A: Obtain 95% contract compliance with University Health System (UHC)/Novation GPO for potential savings of up to \$1 million.

Objective B: Product Standardization Opportunities for potential savings up to \$600,000.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
4A. Contract Compliance. Percentage of contracts utilized under the UHC Novation contracts.	75%	80%	89%	92%	95%
4B. Product standardization. Dollar savings realized from consolidating product vendors.	N/A	N/A	\$150,000	\$150,000	\$600,000

Status

- 4A. It is the goal to obtain 95% contract compliance with the UHC/Novation contracts. There is potential for an additional \$1 million in supply expense savings from accessing additional contracts, converting to the Novation contracts and ensuring current spending is at tier appropriate pricing. Emphasizing contract compliance will have a two-fold effect for ARMC: 1) ensures pricing integrity to the GPO negotiated price and 2) protects ARMC from arbitrary price increases from vendors due to current economic conditions. Compliance will be measured through the UHC Spendlink Tool where ARMC spending is analyzed for compliance.
- 4B. The goal will be to obtain a savings of up to \$600,000 through product standardization. The Executive Value Analysis Leaders (formerly Products Committee) will focus on value management for product standardization to achieve these savings. Strategic clinical teams will be formed and overseen by the Executive Value Analysis Leaders. The following categories have fragmented spending among various vendors and will be targeted for standardization: Cath Lab products, dressings, exam gloves, surgeon gloves, hand hygiene, sterility assurance, instrument care, ostomy products, thrombus management and casting products.

GOAL 5: ENSURE A QUALITY FOCUS IN THE PROVISION OF PATIENT CARE SERVICES.

Objective A: Achieve and maintain a Press Ganey mean average Patient Satisfaction Score of 85%, focusing on The Overall Rating section, "Likelihood of Recommending the Facility to Others". Reach and maintain above the National Average regarding the HCAHPS (Hospital Consumer Assessment of Health Providers and Systems).

Objective B: Obtain and maintain Core Measure Compliance at 100 percent on all Quality Indicators, AMI (Acute Myocardial Infarction), CHF (Chronic Heart Failure), Pneumonia and SCIP (Surgical Care Improvement Program) by June 2010.

Objective C: Decrease Occupational Employee Injuries by 50%, down to 210, by June 2010.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
5B. Achieve and maintain Core Measures Compliance at 100% for all Core Measure by June 2010:					
AMI (acute myocardial infarction)	74.8%	85.2%	90%	90%	100%
CHF (chronic heart failure)	78.0%	83.0%	90%	90%	100%
Pneumonia	81.0%	87.3%	90%	90%	100%
SCIP (surgical care improvement project)	79.8%	96.0%	90%	90%	100%
5C. Number of Occupational Employee Injuries.	468	420	430	420	210

Status

- 5A. ARMC's mission and culture, is that of high quality and customer service. Our Patient Satisfaction scores are now available to the public via the internet. The Press Ganey patient satisfaction question "Likelihood of Recommending" speaks volumes of how a patient and/or family member views ARMC as a whole. ARMC anticipates reaching its goal of achieving a mean score of 85% for "Likelihood of Recommending" for 2008-09, and intends to maintain that same goal for 2009-10.
- 5B. The Centers for Medicare/Medicaid mandate that all healthcare organizations submit their Core Measures Compliance rates on a quarterly basis. By 2009-10, hospitals reimbursement funds may be denied based on their performance/compliance with the Core Measures.
- 5C. In 2006, work related injuries at ARMC resulted in a cost of \$1,640,151. In 2007, work related injuries at ARMC resulted in a cost of \$802,393. Our goal for 2009-10 is to reduce total work related injuries by 50% to 210.

STRATEGIC PLANNING:

Expand ARMC's Emergency Department

ARMC continues to experience an increase in patient volume through the Emergency Department (ED), through which the majority of ARMC's admissions are routed. Over the last five years the emergency room visits have increased from 58,000 to 110,629 annually. The 43 existing exam rooms, 6 cubicles and available adjacent space in the original design of the building have been maximized with recent changes in work and patient flow in a valiant effort to accommodate this dramatic increase in volume statistics.

- A Rapid Medical Exam and Treatment (RMET) area was added to expedite the urgent visits through the ED.
- 50% of the existing waiting area has been converted to a medical screening exam area with Nurse Triage and Patient registration immediately available to patients upon entry to the ED.
- ED wait time (Door to Doctor) has dramatically decreased in the advent of consistent increase in patient volume.
- Patients Leaving Without Being Seen (LWBS) is at a record low of less than 1%.
- Though current space utilization and process improvement have been maximized with a very positive impact to operations, space configuration and workflow processes in adjacent support areas remain insufficient to meet the ever increasing patient service demand. In an effort to efficiently and effectively continue to meet the needs of a growing community and patient population, ARMC will begin to consider the following:
 1. Re-configuration of selected areas of the existing space within the current ED - Pod A, Pod D, Corrections area, creation of medical staff offices.
 2. Additional exam rooms from 43 to 92 (New Construction).
 3. Relocation and expansion of Trauma from 6 to 8 beds (New Construction) to the East of the existing ED into the ambulance bay area.
 4. Conversion of the current ED lobby to a fast track of 18 stations.
 5. Re-location of the existing lobby, public restrooms, registration and Medical Screening area to the north (New Construction).
 6. Creation of negative pressure rooms.
 7. Addition of skills Lab and conference area (New Construction) to the East of the existing ED, second story above new Trauma area.

2009-10 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING

The department is not requesting any additional general fund financing for 2009-10.

2009-10 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2009-10.

If there are questions about this business plan, please contact Patrick Petre, Director, at (909) 580-6150.



456 Inpatient Beds



Level II Trauma Center



Allan Rawland
Director

Mission Statement

The County of San Bernardino Behavioral Health Programs strive to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families and communities.



GOALS

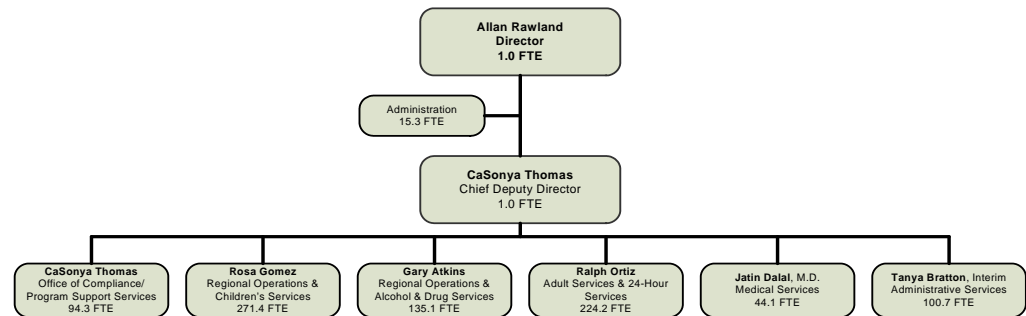
**INCREASE ACCESS FOR
UNDERSERVED
INDIVIDUALS**

**DEVELOP A STRATEGIC
PLAN TO INTEGRATE
HEALTH SERVICES
THROUGHOUT THE
COUNTY BY
ENHANCING ACCESS TO
CUSTOMER ORIENTED
COMPREHENSIVE
HEALTHCARE SERVICES**



BEHAVIORAL HEALTH

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Department of Behavioral Health (DBH) provides mental health and substance abuse treatment to priority target populations in systems of care that are client-centered and culturally competent. Mental health treatment is provided to all age groups, with primary emphasis placed on treating severely emotionally disturbed children, families, and seriously mentally ill adults. Approximately 44,455 unduplicated clients are served through 42 county operated facilities and approximately 59 contract providers, public schools, and other community-based settings. Substance abuse treatment is provided by 2 county operated clinics and approximately 22 contractors. The major services components include outpatient, community outreach, self-help and support groups, homeless programs, employment services, case management, crisis and transitional residential assistance, augmented board and care placements, conservatorship services, supportive housing services and client transportation assistance.

Beginning in 2009-10, DBH will engage in a three-year planning effort to identify current community needs and priorities, assess departmental strengths and challenges and determine how the Mental Health Services Act (MHSA) can be used to meet local priorities.

Through this effort, DBH seeks to transform its service delivery system to better promote and support individuals that are diagnosed with a mental illness or substance abuse to live, work, learn and participate fully in their communities.

2008-09 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
General Fund					
Behavioral Health	197,547,716	195,704,963	1,842,753		799.6
Alcohol and Drug Services	23,105,034	22,955,576	149,458		87.5
Total General Fund	220,652,750	218,660,539	1,992,211		887.1
Special Revenue Funds					
Mental Health Services Act	83,879,310	48,109,482		35,769,828	-
Driving Under the Influence Programs	305,489	139,554		165,935	-
Block Grant Carryover Program	4,310,198	406,995		3,903,203	-
Court Alcohol and Drug Program	1,155,720	401,861		753,859	-
Proposition 36	5,025,776	4,994,336		31,440	-
Total Special Revenue Funds	94,676,493	54,052,228		40,624,265	-
Total - All Funds	315,329,243	272,712,767	1,992,211	40,624,265	887.1

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS THAT ARE UNDERSERVED OR WHO ARE RECEIVING A LIMITED LEVEL OF SERVICES.

Objective A: Continue to implement community based behavioral health care and treatment programs that serve as alternatives to more restrictive levels of care.

Objective B: Increase percentage of clients system-wide who are currently receiving Medi-Cal benefits.

Objective C: Create an assessment and treatment capability to be embedded within the Arrowhead Regional Medical Center (ARMC), DBH and Public Health integrated project (see Goal 2).

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
1A. Percentage increase in clients served by crisis and early response programs (Juvenile Diversion Program, Crisis Walk-In Centers, Forensic Assertive Community Treatment, Assertive Community Treatment for Frequent Users of Hospital Care and Diversion Team at ARMC).	N/A	4,870	15%	15%	25%

Status

1A. In 2006-07, DBH began a series of programs designed to improve community services and supports over a three-year plan. The following programs are now fully operational:

- Community Crisis Response Team – 24/7 countywide
- Children's Wraparound Services/Success First
- Diversion Team at ARMC
- Crisis Walk-in Centers
- Forensic Assertive Community Treatment
- Older Adult Circle of Care Mobile Outreach & Intensive Case Management
- Assertive Community Treatment for Frequent Users of Hospital Care

Since inception these programs have diverted 4,870 clients from potential hospitalization, incarceration or more restrictive levels of care.

1B. Through a successful collaboration with the Transitional Assistance Department, DBH has obtained the services of 6 eligibility workers to assist with Medi-Cal eligibility determination.

DBH has held two trainings of staff regarding Medi-Cal/Supplemental Security Income (SSI) requirements and documentation and customer service to ensure proper assistance with clients with co-occurring substance abuse disorders in completing Medi-Cal SSI forms.

During 2008-09, the department plans to establish benefits teams composed of case managers, peer and family advocates, financial interviewers and eligibility workers to strengthen its support of this goal and objective.

2007-08 ACCOMPLISHMENTS

- ❖ Received national award for the Integrated New Family Opportunities Program
- ❖ Received national award for the Transitional Aged Youth One Stop Center
- ❖ Opened the first 24/7Crisis Walk In Center in the High Desert
- ❖ Expanded Case Management Services and Mobile Outreach Case Management Services to Older Adults
- ❖ Launched mobile 24/7 Adult and Children's Crisis Response Team
- ❖ Implementation of all 9 MHSA Community Services and Support work programs
- ❖ Opening of all 3 new Transitional Aged Youth Centers countywide
- ❖ Approval of new Homeless Intensive Case Management and Outreach Program



GOAL 2: DEVELOP INTEGRATED COUNTYWIDE COMMUNITY CLINICAL SERVICES.

Objective A: Develop unique strategic plans for integrating countywide, community clinical services offered by Public Health, ARMC, and the DBH into single, full scope area diagnostic and treatment centers.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
2A. Produce individual plans detailing patient demographics, site locations, systems integration, fiscal requirements and program design for two of the proposed integrated service models in the eleven identified catchment areas throughout the county.	N/A	N/A	New	75% complete July 2009	Complete January 2010

Status

2A. The Department of Public Health, ARMC, and DBH are in collaboration to integrate health services throughout the county by aligning clinical access to customer oriented comprehensive coordinated healthcare services. This clinical model would eliminate duplication of service provision and optimize resource effectiveness in the overall delivery of outpatient care. Recognition of patient needs for varying services would be immediate and result in a "warm hand off" to a qualified healthcare provider. Additionally, it allows common areas and support staff to be shared by all departments.

Eleven catchment areas have been defined and prioritized. The initial pilot for integrating services on a defined scale has occurred at Holt Clinic in Ontario where DBH staff were embedded into Public Health services and eligibility workers were strategically placed in Maternal/Child Health. The first complete prototype of full scope service is designed to integrate primary care from Westside Family Health Center, Maternal Health, Reproductive Health and the Women & Infant Care (WIC) Programs from Public Health and Individual/Group Counseling and "Club House" services from Behavioral Health. Incorporation of specialty pediatrics, laboratory, pharmaceuticals, and radiology services would be incorporated to offer a complete outpatient diagnostic and treatment center.

Patient demographics have been identified, the physical sites (locations) are being reviewed, proposed program design is being drafted and clinic service adjacencies within the integrated model have been outlined. A key to the success of the integration process is integrated systems. Over the next year the integration team will continue to use the current clinic structure to test ideas relating to new systems. The team will test new technologies to determine which ones are more appropriate to accommodate the proposed methodology. This will allow the departments to outfit the inaugural integrated Clinic with vetted, mature technologies.

The team will continue to investigate the marketplace for the appropriate software and systems integration services that might be candidates for our integrated model. Due to the maturity of the marketplace for systems targeted to integrated clinics, it is anticipated that the development of in-house systems will play a crucial role in the success of the integrated clinic services model.

San Bernardino County is a pioneer in this concept of operations. The three health services within the county conduct integration committee meetings monthly to identify, develop, assign responsibility, and report on critical components of this work in progress. Much of the research has been completed. Specific implementation plans with target dates and fiscal projections of operational costs and one-time and ongoing funding requirements for the full scale service model are anticipated to be complete by midyear of 2009-10. Strategic planning and implementation of integrated services will be ongoing and will incorporate process change from lessons learned, fluctuating demographics and area dynamics throughout the eleven catchment areas within the county.

GOAL 3: INCREASE ACCESS AND REDUCE BEHAVIORAL HEALTH DISPARITIES AMONG THE DIVERSE RACIAL, ETHNIC AND CULTURAL COMMUNITIES IN SAN BERNARDINO COUNTY.

Objective A: Complete a study of the population to identify the cultural and linguistic needs and barriers to improving access to services.

Objective B: Increase number of clients among specified ethnic/cultural groups that are currently underserved.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
3B. Medi-Cal penetration rates for underserved ethnic groups. (2005-06 Baseline: African American 7.86%; Asian/Pacific Islander 4.03%; Hispanic 3.26%)	African American 7.7% Asian 4.0% Hispanic 4.2%	African American 8.09% Asian 4.3% Hispanic 3.3%	African American 8.2% Asian 4.4% Hispanic 3.5%	African American 8.2% Asian 4.4% Hispanic 3.5%	African American 8.3% Asian 4.5% Hispanic 4.0%

Status

3A. The access study is a collaborative effort between the department, an academic institution and a community organization. The study will target African-American, Hispanic and Asian/Pacific communities to determine the barriers that currently exist for each of these populations as it relates to the utilization of mental health services. Moreover, the study will provide us with strategies and recommendations to address the identified barriers in an effort to improve the availability and delivery of culturally and linguistically appropriate services to the specific ethnic groups. The department will be implementing three programs that are ethnic specific through the Prevention and Early Intervention component. The programs include:

- Resilience Promotion in African-American Children: Will promote resilience in African American children in order to mediate the development of Post Traumatic Stress Disorder, Mood Disorders, other Anxiety Disorders, Substance Abuse, and Psychotic Disorders through a 12 week intensive program followed by ongoing weekly interventions.
- American Indian Resource Center: Will provide culturally specific Prevention and Early Intervention (PEI) services to Native Americans in one location such as Healing Circle, Sweat Lodge, Peer to Peer, and a medicinal garden.
- Family Resource Center: Will reduce stigma/discrimination by providing a variety of PEI services and programs in a community-based setting.
- Promotores de Salud: Will train identified community leaders to provide a personal contact or liaison to mental health resources and programs within the community without having to visit a traditional mental health treatment services site as well as help reduce the stigma that surrounds that ethnicity.

In addition, the department is participating in a California Institute for Mental Health (CIMH) learning collaborative that will further identify strategies on how to reduce disparities within the county.

3B. As is the case with other California counties, specific ethnic groups in San Bernardino County are served at rates that are disproportionately low compared to their representation in the Medi-Cal beneficiary population. Penetration rates are determined by the proportion of Medi-Cal beneficiaries receiving at least one mental health contact within each fiscal year. In 2005-06, the Medi-Cal penetration rates for African Americans, Asian/Pacific Islanders and Hispanics were 7.86%, 4.03%, and 3.26%, respectively. Our objective is to increase the penetration rates for these ethnic groups incrementally each year to match or exceed that of the averages for California's "large counties."

GOAL 4: DEVELOP AN INTEGRATED PLAN FOR SYSTEM TRANSFORMATION IN ACCORDANCE WITH THE MHSA FRAMEWORK.

Objective A: Transform the existing community based system through the use of MHSA funds in both county and contract operations.

Objective B: Implement all seven components of the MHSA and Integrated Plan by 2012-13.

Objective C: Complete Integrated Information Systems Master Plan by 2012-13.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
4B. Percentage completion of approved MHSA components and Integrated Plan.	N/A	25%	75%	75%	100%

Status

4A. In October 2008, the California Department of Mental Health released a framework for county mental health programs to develop a three-year program and expenditure plan (Integrated Plan). The Integrated Plan covers the period of 2010-11 through 2012-13, and is due to the state by March 1, 2010. The intent of plan is to integrate MHSA into the larger mental health system. In light of decreases in other financial resources, the department is using this framework as an opportunity to redesign core programs and convert existing county clinics and selected contract providers to Full Service Partnerships (FSP). The FSP is a collaborative relationship between the county and the client, and when appropriate the client's family, through which the county plans for and provides a full spectrum of community services so that the client can achieve identified goals.

4B. Currently DBH has obtained state approval for four (Community Program Planning, Community Services and Support, Prevention & Early Intervention, Workforce Education and Training) of the seven components (Community Program Planning, Community Services and Support, Workforce Education and Training, Prevention & Early Intervention, Capital Facilities and Technology, Innovation and Permanent Supportive Housing) of the MHSA.

The aim for 2009-10, is to submit plans for the three remaining components and obtain state approval for implementation. Additionally, DBH intends to submit its Integrated Plan to combine services and supports funded by the MHSA with the existing system for a transformed system of care effective 2013-14.

4C. MHSA information system component funding will assist with replacement of the department's practice management and billing system by 2009-2010, an integrated data warehouse in 2010-2011, and an electronic mental health record in 2011-2012.

GOAL 5: IMPLEMENT STRATEGIES FOR SUCCESSFUL QUALITY IMPROVEMENT IN BEHAVIORAL HEALTH.

Objective A: Develop a plan that utilizes an educational approach to instill knowledge and apply system and process improvements.

Objective B: Continue progress towards achieving a significant, measurable reduction of service disallowances department-wide.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
5B. Percentage reduction of service disallowances in Medi-Cal reviews conducted by the Quality Management Division.	N/A	N/A	10%	10%	10%

Status

- 5A. There are eight areas of performance represented in the DBH Quality Improvement Plan. 100% of the goals as specified in the plan will be implemented during 2008-09. The implementation of these goals will ensure continuous quality improvement efforts are ongoing department-wide. As a result, areas of improvement will be identified for administrative review, solutions formulated and measurable interventions implemented for baseline review. These efforts will translate into more customer focused services, increased quality of care and will provide baseline data for program related decision making to key leadership.
- 5B. Over the last 18 months, ongoing efforts to reduce department wide disallowances have resulted in a cumulative reduction of 11.26%, bringing the department average to 12.74% overall from 24%. Currently, 2008-09 figures indicate that the system will maintain the 10% reduction in disallowances during this fiscal year. As the department gets closer to the base goal of 5% department wide, disallowance percentages above the 10% maintenance goal, will be less over time as we approach the threshold goal of 5% annually.

2009-10 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING

The department is not requesting any additional general fund financing for 2009-10.

2009-10 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2009-10.

If there are questions about this business plan, please contact Allan Rawland, Director, at (909) 382-3133.



Jim Lindley
Director

Mission Statement

The Public Health Department promotes and improves the health, safety and quality of life of San Bernardino County residents and visitors.

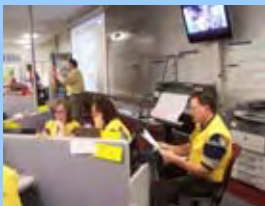


GOALS

PREVENT DISEASE AND DISABILITY AND PROMOTE HEALTHY LIFESTYLES

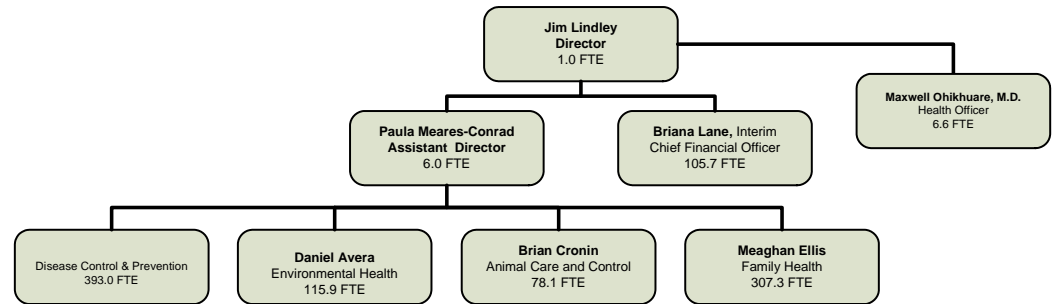
PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT

DEVELOP COUNTYWIDE COMMUNITY CLINICAL SERVICES



PUBLIC HEALTH

ORGANIZATIONAL CHART



DESCRIPTION OF MAJOR SERVICES

The Department of Public Health (Public Health) provides a wide range of services to prevent diseases and improve the health, safety, and quality of life for residents and visitors of San Bernardino County. The department operates over thirty programs ranging from clinical services to animal care and control. Many services are mandated by the State Health and Safety Code. Key delivery areas for 2009-10 include Healthy Communities, Preparedness and Response, Communicable Disease Control and Prevention, Environmental Health, Animal Care and Control and California Children's Services.

Healthy Communities is a countywide initiative to support collaborative efforts to improve the quality of life for all residents. Preparedness and Response ensures the county capacity to respond to public health or bioterrorism emergencies. Communicable Disease Control and Prevention provides for surveillance and prevention of tuberculosis and HIV/AIDS, and immunizations to prevent disease. Education regarding tobacco prevention and reproductive services is also provided.

Environmental Health prevents, eliminates, or reduces hazards adversely affecting the health, safety, and quality of life through integrated programs such as Food Protection, Vector Control (including West Nile Virus surveillance) and Regulatory Water activities. Animal Care and Control protects the public from rabies through dog vaccinations, stray animal abatement, wildlife rabies surveillance, and public education. California Children's Services provides case management, diagnosis, and treatment services to individuals up to 21 years of age with severe qualifying medical conditions.

2008-09 SUMMARY OF BUDGET UNITS

	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
General Fund					
Public Health	81,595,216	78,022,947	3,572,269		832.7
California Children's Services	19,960,669	15,600,936	4,359,733		180.9
Indigent Ambulance	472,501		472,501		-
Total General Fund	102,028,386	93,623,883	8,404,503		1,013.6
Special Revenue Funds					
Bio-Terrorism Preparedness	3,263,581	2,781,164		482,417	-
Tobacco Use Reduction Now	453,996	392,696		61,300	-
Vital Statistics State Fees	670,078	159,820		510,258	-
Vector Control Assessments	3,675,901	1,601,666		2,074,235	-
Total Special Revenue Funds	8,063,556	4,935,346		3,128,210	-
Total - All Funds	110,091,942	98,559,229	8,404,503	3,128,210	1,013.6

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: PREVENT DISEASE AND DISABILITY AND PROMOTE HEALTHY LIFESTYLES.

Objective A: Decrease the number of babies born with exposure to drugs and/or alcohol due to their mother's substance abuse during pregnancy.

Objective B: Increase compliance among providers of children's immunizations.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
1A. Percentage increase of pregnant women screened for drug use (7,850 women in 2005-06).	23% (9,660)	6% (10,273)	10% (11,300)	5%	5%
1B. Number of visits to immunization providers with less than 90% of children up-to-date for age per the Advisory Committee on Immunization Practice's recommended immunization schedule.	N/A	N/A	New	160	200

Status

- 1A. The Perinatal Screening, Assessment, Referral, and Treatment Program continues to successfully screen pregnant women for tobacco, drug, and alcohol use. The department anticipates screening 11,300 women for 2008-09. Women testing positive for substance usage will be referred to the Department of Behavioral Health (Behavioral Health) and community based organizations for treatment services, or will receive Public Health follow-up at the clinic. First 5 continues to fund Public Health and Behavioral Health for case management services and to allow staff to make home visits to high risk clients.
- 1B. The department estimates conducting 160 visits to immunization providers in 2008-09. For 2009-10, the department anticipates increasing the visits to 200 to improve the community's up-to-date immunization rate. The visits may include the following to facilitate up-to-date immunization rates: 1) quality assurance review, e.g. vaccine storage and handling, immunization documentation, 2) Comprehensive Clinic Assessment Software statistical analysis of provider immunization rates, 3) comprehensive chart reviews, 4) physician and office staff training, 5) compliance plan development and implementation, and 6) VaxTrack immunization registry recruitment and training. Following the initial assessment visit, providers receive a written report with their findings—this report is also submitted to the California Department of Public Health Immunization Branch. Providers with low up-to-date rates receive additional visits in which strategies and interventions are presented and documented in a compliance plan to improve immunization practices and up-to-date rates.

2007-08 ACCOMPLISHMENTS

- ❖ During the Grass Valley-Slide Fires:
 1. Provided 850 Public Health Nursing Hours at the Shelter
 2. 1,071 animals sheltered and 620 responses to calls for service
 3. Inspected 109 Food Establishments, 45 Housing units; 21 camps; 19 hotels and motels; 7 bed and breakfast and 6 water systems
 4. Provided 2,370 Environmental Health Service hours
- ❖ Received National Association of Counties Award for Food Handler Program
- ❖ Issued 39,172 food handler cards to food workers in restaurants and markets countywide
- ❖ Returned 1,426 pets to their owners, a 39% increase from the prior year
- ❖ 7,500 or more children and their families attended the Healthy Communities 2008 Kids Fitness Challenge
- ❖ Conducted 25 presentations to the Public and county departments on West Nile Virus



GOAL 2: PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT.

Objective A: Enhance the level of sanitation in food facilities by increasing the number of trained and certified restaurant food handlers.

Objective B: Establish additional Joint Powers of Authority (JPA) to regionalize animal care and control services.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
2A. Percentage increase of restaurant food handlers receiving training and certification (28,000 handlers in 2005-06).	28%	9% (39,065)	10%	10% (42,972)	5% (45,120)
2B. Increase the number of municipalities that participate in the Animal Care and Control Joint Powers of Authority.	N/A	N/A	4	1	2

Status

- 2A. In 2006-07 the department implemented a new training program for food handlers to enhance the level of sanitation in food facilities and thus reduce food borne illnesses. For 2007-08 the department certified 39,172 food handlers, is estimating to certify 43,089 in 2008-09, and anticipates increasing this number by 5% in 2009-10 for a total of 45,244. This number is trending downwards because of the economic downturn in the food industry and due to reaching saturation levels in the number of food handlers to be certified.
- 2B. The department established the first JPA to provide Animal Care and Shelter Services with the Town of Yucca Valley in 2008-09. The previous target was to have four municipalities in the newly formed JPA, but the uncertainty of the economy along with other factors did not provide an appropriate opportunity to realize this objective. The department proposes to continue to expand the number of partner municipalities in the JPA to two in 2009-10.

GOAL 3: DEVELOP INTEGRATED COUNTYWIDE COMMUNITY CLINICAL SERVICES.

Objective A: Develop unique strategic plans for integrating countywide, community clinical services offered by Public Health, Arrowhead Regional Medical Center (ARMC), and Behavioral Health into single, full scope, area diagnostic and treatment centers.

MEASUREMENT	2006-07 Actual	2007-08 Actual	2008-09 Target	2008-09 Estimate	2009-10 Target
3A. Produce individual plans detailing patient demographics, site locations, systems integration, fiscal requirements and program design for two of the proposed integrated service models in the eleven identified catchment areas throughout the county.	N/A	N/A	New	75% complete July 2009	Complete January 2010

Status

- 3A. Public Health, ARMC, and Behavioral Health are in collaboration to integrate health services throughout the county by aligning clinical access to customer oriented, comprehensive, coordinated healthcare services. This clinical model would eliminate duplication of service provision and optimize resource effectiveness in the overall delivery of outpatient care. Recognition of patient needs for varying services would be immediate and result in a "warm hand off" to a qualified healthcare provider. Additionally, it allows common areas and support staff to be shared by all departments.

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